

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6465 **63-044172** STATE FILE NUMBER

FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in Tb 19 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA GENERAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 2300 Independence Ave.	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DONALD Middle GENE Last NEWTON			4. DATE OF DEATH Month 11 Day 27 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/15/1941	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing		10b. KIND OF BUSINESS OR INDUSTRY Quality Roofing Co.		11. BIRTHPLACE (City and state or country) Liberty, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MERLE W. NEWTON		13b. MOTHER'S MAIDEN NAME BERTHA OGLESBY	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Merle W. Newton R.F.D. 1 Grain Valley Mo.	
17. INFORMANT Merle W. Newton		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution. DUE TO (b) Electro lite wire fell DUE TO (c) accut body		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laceration face & Tr of arm		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car left street & knocked down Electric pole	
20c. TIME OF INJURY Hour 10-27-63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20f. CITY, TOWN, OR LOCATION Jackson City Jackson Mo		20g. STATE Mo	

21. I attended the deceased from _____, to _____, and last saw him alive on _____.		22a. SIGNATURE (Degree or title) Duph H. Owens Coroner		22b. ADDRESS 152 Union Station		22c. DATE SIGNED 11-29-63	
23a. BURIAL (REMOVAL) (Specify) Burial		23b. DATE 11/30/1963		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		23d. LOCATION (City, town, or county) (State) Jackson County, Missouri	

24. FUNERAL DIRECTOR C.H. Blackman & Son Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 11-29-63		26. REGISTRAR'S SIGNATURE Bessie Smith	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Duph H. Owens MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3/28	
3	
4 0	
5 0	
6	
7 0	
8 0	
9 X	
10	
11 123	
12 92-3	
13	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hugh Baird

Licensed Embalmer No.

4888

P. O. Address

TC 24 MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.